

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000630

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** THE MCMASTER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082

**New Mailing Address:**

**FEI Number:** 03-0577385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCMASTER, LEE P  
215 SOUTH OCEAN GRANDE DRIVE  
UNIT 201  
PONTE VEDRA, FL 32082 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MCMASTER, LEE P  
Address: 215 SOUTH OCEAN GRANDE DRIVE, UNIT 201  
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD  
Name: MCMASTER, LORETTA W  
Address: 215 SOUTH OCEAN GRANDE DRIVE, UNIT 201  
City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD  
Name: MCMASTER, CRAIG L  
Address: 8 MID WAY  
City-St-Zip: PURDYS, NY 10578

Title: VPD  
Name: MCMASTER, BRIAN W  
Address: 37 PICKWICK STREET  
City-St-Zip: FAIRFIELD, CT 06825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LP MCMASTER

PTD

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date